

CONGRATULATIONS!

Learning that you are about to be a mother is exciting and a bit scary. We know you want to do everything you can to be sure your baby enters the world healthy. One of the most important things you can do for yourself and your unborn baby is to be sure to get early and regular check-ups with your doctor throughout your pregnancy.

The Commonwealth of Kentucky wants to help remove some of the pressure of paying for your essential prenatal care. A process called "Presumptive Eligibility" (or "PE") allows pregnant women who have not yet applied for Medicaid to receive temporary coverage for prenatal care. Your doctor and his/her office staff can arrange for your PE coverage while you are in their office for this visit.

This brochure will help answer many of your questions about PE. If it seems like you meet the program's enrollment rules, fill out the form on the back of this brochure and return it to your doctor's office staff. Your doctor's office can check to see if you qualify, and if you do, they can issue the identification card you can use to obtain the prenatal services from health care providers who accept Medicaid.

How do I know if I qualify for PE?

You will qualify for PE if:

- ◆ You are not already receiving health benefits through Medicaid and have not yet applied for Medicaid benefits; and
- ◆ The amount of money you earn or receive each month is less than the amounts that follow. Ask your doctor's office staff to help you if you are not sure how to figure these amounts:

NUMBER OF PEOPLE IN FAMILY	MONTHLY INCOME AMOUNT (2005 LEVELS*)
1	\$1,476
2	\$1,978
3	\$2,481
4	\$2,984
5	\$3,486
Each Additional Family Member	Add \$503 to the previous monthly income amount

* These amount change around April 11th of each year.

If you have already applied for PE benefits at another physician's office for this same pregnancy, you are not eligible to apply again.

What Prenatal Services Are Paid for Through the PE Program?

All visits to the doctor who is caring for you during your pregnancy will be covered. If your doctor orders lab tests, x-rays (including ultrasounds), or medicine, these will be covered, too. The program also pays for visits to the dentist and for transportation to and from your health care provider's office if you need it. PE will also cover trips to the Emergency Room, if problems arise. The PE program will not pay for trips to specialists, surgical or other procedures or if you have to be admitted to the hospital.

How Long Can I Get Coverage Through PE?

The PE card printed by your doctor's office will tell you the date your PE coverage ends. This date will be less than three months from the day you receive your PE card.

IT IS VERY IMPORTANT THAT YOU FILE AN APPLICATION FOR THE FULL MEDICAID BENEFIT PACKAGE AS SOON AS POSSIBLE.

How Can I Get More Coverage?

If you are eligible to receive PE benefits, it is likely that you will also be eligible for coverage under Medicaid. In addition to the prenatal services offered through the PE program, Medicaid WILL pay for trips to specialists, hospital stays (including your hospital stay when you have your baby) and other procedures. To apply for Medicaid benefits, visit your local office of the Department for Community Based Services. The closest office in your county is:

(Print Local DCBS Office Address)

(Phone Number)

Please take the following items with you when you visit the DCBS office:

- ◆ The PE Card that your doctor's office will print for you
- ◆ Your social security number
- ◆ A letter from your doctor saying you are pregnant and the date your baby is due.
- ◆ Proof of your income.

Can I See Any Doctor While I'm Receiving PE Benefits?

You may see any health care provider who is considered a "primary care physician" (this includes doctors who specialize in Internal Medicine, Family Practice, General Practice, Pediatrics or OB/GYN) or nurse practitioners, physician assistants or nurse midwives. You may also receive care at your local health department, primary care center or rural health clinic. For the best possible care, you should see the same doctor or doctors in the same group or center throughout your pregnancy.

What if I have Problems or Need More Information?

You may reach Medicaid at: **800/635-2570**
For persons with TTY/TDD equipment only: **800/775-0296**

How Do I Get Started in the PE Program?

If you think you qualify, fill out the form on the next page and return it to your doctor's office staff. They can make the necessary phone calls and fill out the necessary paperwork to see if you qualify. If you do, they will print out the PE card you will need to begin getting PE benefits.

Once again, congratulations on your pregnancy! The Commonwealth of Kentucky is eager to work with you and the doctor who is caring for you to see that your pregnancy is a happy and healthy one!

PRESUMPTIVE ELIGIBILITY-PATIENT INFORMATION FORM PLEASE COMPLETE & RETURN TO YOUR DOCTOR'S OFFICE STAFF

Your Social Security Number:

Today's Date:

Date of Birth:

Age:

Your Name:

Last Name

First Name

Middle Initial

Do you Receive Medicaid? ☐ Yes ☐ No

Your Address:

Street Address

Apt/Building Number

City

State

Zip Code

County

Telephone Numbers:

Home Telephone Number

Work Telephone Number

Marital Status (check one):

- ☐ Married ☐ Widowed
☐ Separated ☐ Never Married
☐ Divorced

Race:

- ☐ White ☐ Asian
☐ Black ☐ Other
☐ American Indian

Mailing Address (if different from Home Address, above)

Street Address

Apt/Building Number

City

State

Zip Code

County

COMPLETE INFORMATION ON BACK OF THIS FORM

THIS FORM WILL BE KEPT BY YOUR HEALTH CARE PROVIDER IN YOUR MEDICAL RECORD. FEEL FREE TO ASK FOR A COPY.

**PRESUMPTIVE ELIGIBILITY
PATIENT INFORMATION FORM
(CONTINUED)**

NUMBER OF PEOPLE IN MY FAMILY:

FAMILY INCOME (use separate sheet if necessary)

	Family Member's Name	Income Type*	How Much?*	How Often
1				
2				
3				
4				
	TOTAL MONTHLY INCOME:			

* Possible income types include: hourly wages, salary, overtime pay, tips, bonus pay, Social Security payments, disability, pensions, child support, alimony, cash gifts, and annuities. If income is from a paycheck, indicate employer's name & address below.

** Before taxes

EMPLOYER INFORMATION – complete only if income is from wages.

Line #	Employer Name	Employer Address

OTHER INSURANCE

Do You Have Other Insurance that Covers Doctor's Visits or Hospital Services? ☐ Yes ☐ No
If "Yes"

Name of Insurance Co. Policy No. Group No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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I certify, under penalty of perjury, the information provided by me in this statement is correct and true to the best of my knowledge. I understand that anyone who gives false information in order to receive benefits, or lets someone else use their PE card or abuses PE benefits is subject to criminal action under federal law, state law or both or may be liable for repaying in cash the value of the benefits received.

Signature

Date Signed

THIS FORM WILL BE KEPT BY YOUR HEALTH CARE PROVIDER IN YOUR MEDICAL RECORD. FEEL FREE TO ASK FOR A COPY.

**SUMMARY OF PRENATAL SERVICES
COVERED UNDER "PE"**

- ◆ Visits to the doctor who is caring for you during your pregnancy
- ◆ Medicine prescribed by your doctor during your pregnancy
- ◆ Lab work or x-rays (including ultrasounds) ordered by your doctor
- ◆ Transportation (non-emergency and emergency)
- ◆ Emergency Room visits (if necessary)
- ◆ Local Health Department Services
- ◆ Visits to your dentist

**WHAT HEALTH CARE PROVIDERS CAN
PROVIDE CARE UNDER "PE"?**

- ◆ Doctors who practice the specialties of: internal medicine, general practice, family practice, OB/GYN and pediatrics
- ◆ Nurse practitioners, physician assistants and nurse midwives
- ◆ Providers practicing at primary care or rural health centers.
- ◆ Doctors and nurses at the health department
- ◆ Labs
- ◆ X-ray Centers
- ◆ Dentists
- ◆ Hospital Emergency Rooms
- ◆ Ambulances and Other Transportation Providers

Providers must be enrolled in Kentucky's Medicaid Program in order to provide PE services.



**PRESUMPTIVE ELIGIBILITY (PE)
FOR PRENATAL SERVICES**



PATIENT INFORMATION

**The Cabinet for Health and Family Services
Department for Medicaid Services**